

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33122

State File No.

4110

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5701 WOODLAND AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 YEARS years, months or days

3. (a) PRINT FULL NAME MRS. LUCY J. THOMAS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. JESSIE M. THOMAS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUGUST 14 - 1861 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 1 22 hr. min.

9. Birthplace RED RUTH ENGLAND (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business AT HOME

12. Name HUMPHREY HARVEY

13. Birthplace UNKNOWN ENGLAND (City, town, or county) (State or foreign country)

14. Maiden name LUCINDA COPPAGE

15. Birthplace UNKNOWN WEST VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Johnson

(b) Address 5701 Woodland

17. (a) BURIAL (b) Date thereof OCT. 9 - 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETARY

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) 10-9-48 (b) Seraldine Holmes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 5701 WOODLAND AVENUE (If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country ENGLAND

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 6TH year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1947 to Oct 6 1948
that I last saw him alive on Oct 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Hypertension 5 yrs

Due to arterio sclerosis 10 yrs

Due to Semibility

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations NO

Of autopsy NO

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work _____ Means of injury C

Signature M. B. Casebolt (M.D. or other)

Address 4000 Baltimore

Date 10/7/48

3-7-30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Robert Ray

Licensed Embalmer No.....

4182

P. O. Address.....

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.